

**Personnel Cabinet, Department for Employee Insurance**  
**Plan Year 2009**  
**Non-Smoker Affidavit**

Name	<input type="text"/>																									
Address	<input type="text"/>																									
City	<input type="text"/>													State	<input type="text"/>		Zip	<input type="text"/>								
SSN	<input type="text"/>			<input type="text"/>			<input type="text"/>																			

**Employee Non-Smoker Affidavit**

Please complete this form in its entirety and return to your Insurance Coordinator. All changes will be made prospective and there will be no refunds on premiums already paid. In the event information was processed incorrectly on your behalf by your Insurance Coordinator or the Enrollment Information Branch, the change will be made to correspond with the effective date of your original 2009 election and you will be refunded for premiums up to 90 days that were paid in error.

- ☐ I quit smoking two months prior to my signature date for my 2009 Open Enrollment election, and I mistakenly selected the smoker box when I enrolled for my health insurance coverage.
- ☐ I have never been a smoker and I mistakenly selected the smoker box for my 2009 health Insurance election.
- ☐ Effective January 1, 2009, you may request a change in your smoking status outside of Open Enrollment. You will be required to provide certification (such as completion of a smoking cessation program, etc.) with this form. The change to your smoking status will be limited to the smoker contributions. This change does not create a qualifying event to allow other changes to your plan. The change will be limited to the effective date with no retroactive premiums.

- I understand that my signature on this affidavit creates a legal and binding contract between myself and the Commonwealth
- I understand that the misrepresentation of any information on this affidavit with the intent to defraud may result in prosecution.

Employee / Retiree Section	
Printed Name	Date
Signature	

- My Signature below certifies that all signatures and signature dates affixed to this affidavit are correct to the best of my knowledge

Insurance Coordinator Section		
Printed Name	Date	
Signature	Agency	Agency Number